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<b>REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	09/928,560-Conf. #7162
	Filing Date	August 13, 2001
	First Named Inventor	Lorraine E. Reeve
	Art Unit	1723
	Examiner Name	E. G. Therkorn
	Attorney Docket Number	PMX-003.01

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

**OR**

I hereby appoint the practitioners associated with the Customer Number: 25181

Please change the correspondence address for the above-identified application to:

The address associated with  
Customer Number: 25181

**OR**

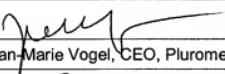
<input type="checkbox"/> Firm or Individual Name			
Address			
City			
Country	State	Zip	
Telephone	Email		

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature			
Name	Jean-Marie Vogel, CEO, Pluromed, Inc.		
Date	3/19/2007	Telephone	781-932-0574

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

\*Total of 1 forms are submitted.